

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449/PTO			<div> <div>Complete if Known</div> <div> Application Number Filing Date First Named Inventor Art Unit Examiner Name Attorney Docket Number </div> <div> 10/562,313-Conf. #3807 December 23, 2005 Jean-Noel CLAVEAU N/A Not Yet Assigned 124545.0102 </div> </div>	
<div> <div>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</div> <div>(Use as many sheets as necessary)</div> </div>				
Sheet	2	of	2	

[illegible]

*EXAMINER: initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.